

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/551886

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4						
5	/	/	/	/		
6		/		/		
7		2		/		
8		1		/		
9						
10	/	/	/	/		
11		/		/		
12		/		/		
13		3		/		
14		2		/		
15	/		/			
16		1		/		
17		6		/		
18		6		/		
19		8		/		
20	/		/			
21		1		/		
22		2		/		
23		6		/		
24		1		/		
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26		1		/		
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49						
50						
TOTAL IND.			6			
TOTAL DEP.			23			
TOTAL CLAIMS			29			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						